

North Carolina COVID-19 Vaccine Management System (CVMS)

Provider Enrollment Portal

Organization Administrator User Guide

Version 9

May 19, 2021



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**





If you have any questions, issues or requests, please go to the
CVMS Help Desk Portal* at https://ncgov.servicenowservices.com/csm_vaccine
You can also call the COVID-19 Vaccine Provider Help Center at (877) 873-6247 and select option 1.
The COVID-19 Vaccine Provider Help Center is available during the following hours:
Monday – Friday: 7:00 AM – 7:00 PM ET
Saturday – Sunday: 10:00 AM – 6:00 PM ET

* On the home page of the CVMS Help Desk Portal, select the "**Vaccine Provider**" option to submit your question, issue, or request.

Providers that are first time users of the CVMS Help Desk Portal will have to follow the steps below:

1. Register for an account on the portal by clicking 'Register' in the top right-hand corner
2. Populate your first name, last name, business e-mail, and your registration code

NOTE: The registration code is your Provider PIN (i.e., NCA650001), which can be found on the packing lists received with your Vaccines For Children shipments, or in the top right-hand corner of a wasted / expired report generated from the North Carolina Immunization Registry (please add "NCA" to the front of the six-digit PIN#)

For providers who are not enrolled or may not have a Provider PIN, you may use the following generic Provider PIN to register: VAC2021

3. You will receive an e-mail with your username and temporary password to log into the portal

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Overview

Overview

Section A

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

- Organization details
- Organization Administrator contact details
- Location(s) administering vaccinations
- Information about your Executive Officers (CMO and CEO)

You must add all locations within your organization that will administer the COVID-19 vaccine. Each location is represented by a Vaccine Coordinator. The Vaccine Coordinator will enter location-specific details when completing Section B of the agreement.

If you also serve as the Vaccine Coordinator for a location within your organization, click on '[Locations](#)' at the top of menu bar after you have completed Section A.

If you also serve your organization as its CEO and/or CMO, click on the "CEO Review/Sign" and/or "CMO Review/Sign" at the top menu bar after you have completed Section A to review the conditions for enrollment and provide your signature.

Please note, although you have access to both the CEO and CMO review and signature pages, **this section is designated only for the CEO and CMO of your organization.** The CEO and CMO will be

☐ Don't Show this Again

Close

In this user guide, we will discuss how to complete Section A of the Provider Enrollment process in the CVMS Provider Enrollment Portal.

The content included in this user guide is for the following role:
Organization Administrator

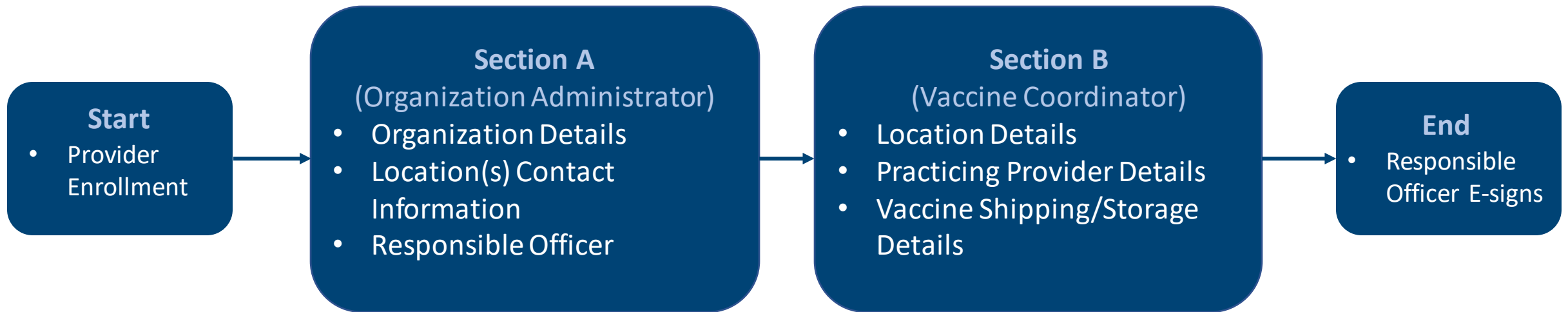
Additionally, you will need to:

- Use the latest version of Chrome, Firefox, Edge Chromium, or Safari browsers
- Log into the CVMS Provider Enrollment Portal (<https://covid-enroll.ncdhhs.gov/>)

Now, let's get started!

CVMS Provider Enrollment Process Overview

The COVID-19 Vaccination Program Provider Enrollment Process takes place in the **CVMS PROVIDER ENROLLMENT PORTAL**. The CVMS Provider Enrollment Portal is a cloud-based solution.



Additional Resources

- Provider Enrollment Portal - <https://covid-enroll.ncdhhs.gov/>
- Provider Enrollment Checklist - <https://covid19.ncdhhs.gov/covid-19-vaccine-readiness-checklist-download/download>



Relevant Roles

- Organization Administrator
- Vaccine Coordinator
- Responsible Officer (CEO and CMO)

Provider Enrollment Roles

A provider is anyone who provides and administers healthcare services.



Providers

- Pharmacies
- Community health centers
- Hospitals
- Clinics
- Long-term care facilities
- Acute care hospitals
- Urgent care clinics
- Other medical care facilities

Organization Administrator	<ul style="list-style-type: none">• Completes Section A for the entire organization.• Can also complete all actions a Vaccine Coordinator, CEO or CMO is completing
Vaccine Coordinator	<ul style="list-style-type: none">• Completes Section B for their assigned location(s)• On-site at the location
Chief Executive Officer (CEO)	<ul style="list-style-type: none">• Reviews and signs on behalf of all locations within the organization
Chief Medical Officer (CMO)	<ul style="list-style-type: none">• Reviews and signs on behalf of all locations within the organization

Note for small organizations: it is possible to set the same person for these four profiles. This person will be able to perform all these tasks.

Provider Enrollment Role Checklist

COMPLETE THE CHECKLIST below for **EACH ROLE** that you serve in your organization

Organization Administrator	Vaccine Coordinator	Chief Executive Officer (CEO)	Chief Medical Officer (CMO)
<ul style="list-style-type: none"><input type="checkbox"/> Register for a Provider Enrollment account<input type="checkbox"/> Mark if your organization is a Redistribution Participant<input type="checkbox"/> Add all locations<input type="checkbox"/> Add your organization's CMO<input type="checkbox"/> Add your organization's CEO	<ul style="list-style-type: none"><input type="checkbox"/> Register for a Provider Enrollment account via the link in the welcome email<input type="checkbox"/> Upload pictures of the interior and exterior of your storage units<input type="checkbox"/> Input all practicing providers at your location<input type="checkbox"/> Add initial HCP Location Managers<input type="checkbox"/> Review and sign the CDC COVID-19 Vaccination Program Provider Agreement<input type="checkbox"/> Review and sign the Storage and Handling Attestation <p><u>For locations with at least 25 practicing providers</u>, return completed Practicing Provider Bulk Upload Template to the CVMS Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine</p>	<ul style="list-style-type: none"><input type="checkbox"/> Register for a Provider Enrollment account via the link in the welcome email<input type="checkbox"/> Review and sign the CDC COVID-19 Vaccination Program Provider Agreement<input type="checkbox"/> If applicable, review and sign the CDC Supplemental COVID-19 Vaccine Redistribution Agreement	<ul style="list-style-type: none"><input type="checkbox"/> Register for a Provider Enrollment account via the link in the welcome email<input type="checkbox"/> Review and sign the CDC COVID-19 Vaccination Program Provider Agreement<input type="checkbox"/> If applicable, review and sign the CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Completing Section A

Provider Enrollment Workflow – Section A



**Although it is possible to request CMO and CEO to add their signature here, it is not recommended they sign until the entire Part A and Part B sections are completed.*



If approved or rejected, an email notification will be generated. Rejected statuses will generate an email with the Reason for Rejection. If not, check spam/junk folder for an email from COVIDenroll@dhhs.nc.gov

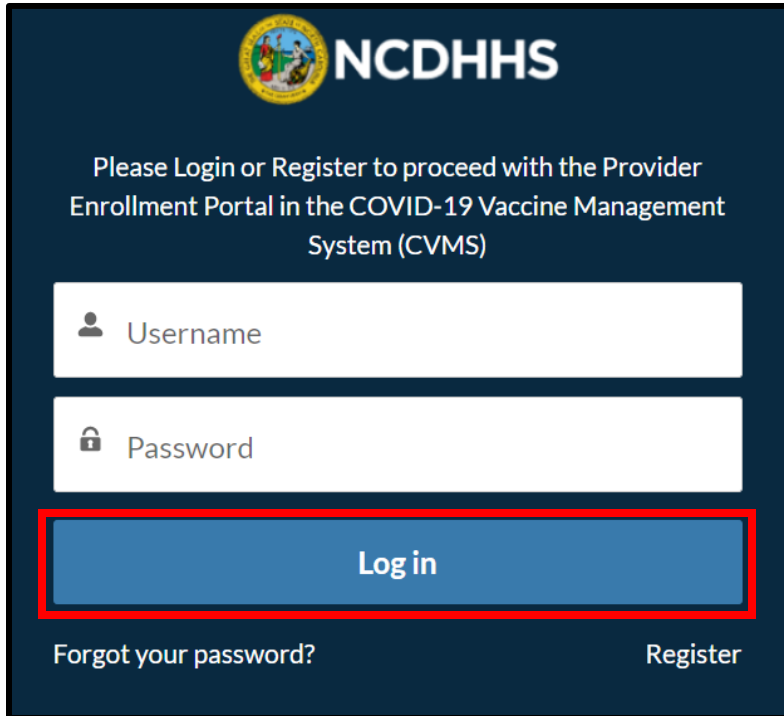
Audience

Organization Administrator

Time Estimate

- ▶ <20 minutes to enter information

Step 1 of 9: Log into the CVMS Provider Enrollment Portal



When you are ready to begin the Provider Enrollment process, navigate to the CVMS Provider Enrollment Portal.

1. Enter your **USERNAME**
2. Enter your **PASSWORD**
3. Click **LOG IN**
4. After clicking log in, you will be directed to **COMPLETE**

SECTION A

Reference the CVMS Provider Enrollment Account Registration and Password Reset User Guide for more information about account creation, which is available on the NC Immunization Branch website at <https://covid19.ncdhhs.gov/cvms-provider-enrollment-account-registration-and-password-reset-user-guide/download>.

Audience

Organization
Administrator

Tips

The link to the CVMS Provider Enrollment Portal is <https://covid-enroll.ncdhhs.gov/>.

Step 2 of 9: Collect Key Details Before Beginning Section A

Section A

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

- Organization details
- Organization Administrator contact details
- Location(s) administering vaccinations
- Information about your Executive Officers (CMO and CEO)

You must add all locations within your organization that will administer the COVID-19 vaccine. Each location is represented by a Vaccine Coordinator. The Vaccine Coordinator will enter location-specific details when completing Section B of the agreement.

If you also serve as the Vaccine Coordinator for a location within your organization, click on '[Locations](#)' at the top of menu bar after you have completed Section A.

If you also serve your organization as its CEO and/or CMO, click on the "CEO Review/Sign" and/or "CMO Review/Sign" at the top menu bar after you have completed Section A to review the conditions for enrollment and provide your signature.

Please note, although you have access to both the CEO and CMO review and signature pages, **this section is designated only for the CEO and CMO of your organization.** The CEO and CMO will be

☐ Don't Show this Again

NCDHHS
CVMS Provider Enrollment

Home CEO Review/Sign CMO Review/Sign Locations

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

[View More](#)

Organization Information Locations Responsible Officers Review

Provider Enrollment

CDC COVID-19 Vaccination Program Provider Agreement

Please complete Section A and B of this form as follows:

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A). In addition, the CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each vaccination location covered under the Organization listed in Section A.

After logging in, you will see a message reminding you of the details you will need to complete

SECTION A:

- Organization Details
- Organization Administrator Contact Details
- Location(s) administering vaccination
- Information about your Executive Officers (CEO / CMO)

1. COLLECT THESE DETAILS beforehand
2. CLOSE the window
3. You will be directed to Section A.

Audience

Organization Administrator

Step 3 of 9: Enter Your Organization Details

Once you begin Section A, you will be prompted to enter your **organization details** and indicate if your **organization is a redistribution participant**.

Audience

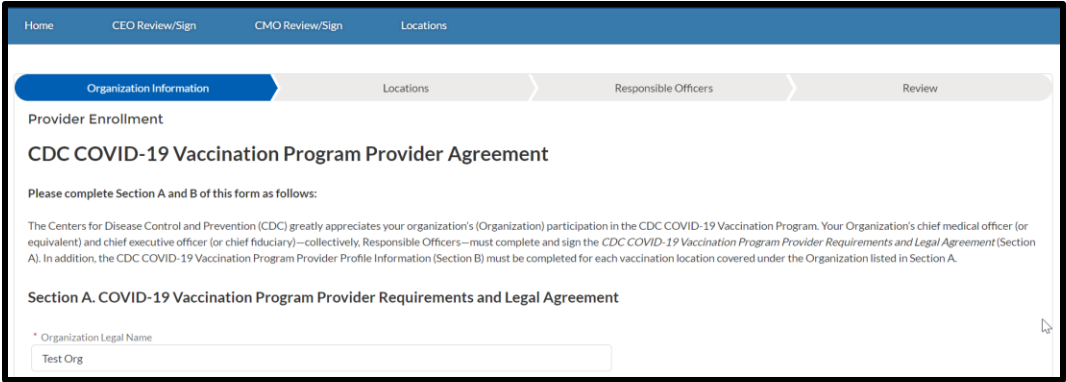
Organization Administrator

Tips

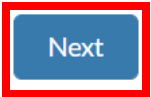
You can pause and save your progress at any point before submitting Section A.

If you pause, you must logout before logging in and continuing your session.

1. Populate **ALL REQUIRED ORGANIZATION DETAILS**
2. If your organization is a redistribution participant, select **YES** next to **REDISTRIBUTION PARTICIPANT**
3. If you select Yes, your **CEO and CMO** will be required to **SIGN AN ADDITIONAL AGREEMENT** indicating that they have reviewed the submitted information and signed the redistribution agreement.
4. Review all details entered
5. Click **NEXT**



The screenshot shows a web application interface for the CDC COVID-19 Vaccination Program. At the top, there is a navigation bar with links: Home, CEO Review/Sign, CMO Review/Sign, and Locations. Below this is a progress bar with four steps: Organization Information (active), Locations, Responsible Officers, and Review. The main content area is titled 'Provider Enrollment' and 'CDC COVID-19 Vaccination Program Provider Agreement'. It includes a sub-header 'Please complete Section A and B of this form as follows:' and a paragraph of introductory text. Below this, it says 'Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement'. There is a text input field labeled '* Organization Legal Name' with the placeholder text 'Test Org'.



Step 4 of 9: Add Your Location(s) Details

The screenshot shows a web application interface for 'Provider Enrollment'. At the top, there's a navigation bar with links: Home, CEO Review/Sign, CMO Review/Sign, and Locations. Below this is a progress indicator with four steps: a green checkmark, 'Locations' (highlighted in blue), 'Responsible Officers', and 'Review'. The main content area is titled 'Add New Location' and contains several input fields: 'Location Name', 'Primary Coordinator First Name', 'Primary Coordinator Last Name', 'Primary Coordinator Middle Initial', 'Primary Coordinator Telephone', and 'Primary Coordinator Email'. Each field has a small information icon. Below the fields are three buttons: 'Create Location', 'Pause', and 'Next' (which is highlighted in blue). There are also 'Previous' and 'Next' buttons at the bottom right of the form area.

After entering your organization’s details, you will now be able to **ADD ONE OR MORE LOCATIONS** and their respective details.

On this page, you will see a list of **PENDING AND APPROVED LOCATIONS.**

1. Complete the information for the **FIRST LOCATION** in the organization
2. Click **CREATE LOCATION**
3. You will see the location details appear in the list of **PENDING LOCATIONS**
4. Repeat this process for each location you wish to add
5. Click **NEXT**

Audience

Organization Administrator

Tips

All locations within an organization must have the same CMO and CEO. If a location has a different CMO or CEO, a unique Organization Administrator representing the organization will have to complete a separate Section A.

Step 5 of 9: Edit Your Location(s) Details

NCDHHS
CVMS Provider Enrollment

Home CEO Review/Sign CMO Review/Sign Locations

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental Information on your organization. To complete this section, you will be asked for:

[View More](#)


✓ Locations Responsible Officer

Provider Enrollment

Approved Locations

<input type="checkbox"/>	Location Name	Pri. Coordinator First Name	Pri. Coordinator Last Name	Pri. Coordinator Middle Initial
--------------------------	---------------	-----------------------------	----------------------------	---------------------------------

Pending Locations

<input type="checkbox"/>	Location Name	Pri. Coordinator First Name	Pri. Coordinator Last Name	Pri. Coordinator Middle Initial
1	<input type="checkbox"/> ABC Laboratory	Glen	Jones	

[Deactivate Location\(s\)](#)

Add New Location

* Location Name

* Primary Coordinator First Name ⓘ

* Primary Coordinator Last Name ⓘ

Primary Coordinator Middle Initial ⓘ

* Primary Coordinator Telephone ⓘ

* Primary Coordinator Email ⓘ

[Create Location](#)

After adding a location, you are able to edit and update the information.

1. Locate the **LOCATION** you wish to edit
2. Click the **PENCIL ICON** next to the field you wish to update
3. Update the information
4. Review the information. Repeat for all details you wish to update.
5. Click **NEXT**

Audience

Organization Administrator

Tips

If you wish to manage your location(s) details after submitting Section A, review the **CVMS Provider Enrollment Account Management User Guide** located at [CVMS User Guides, Recorded Trainings and Upcoming Trainings | NC DHHS COVID-19](#).

Step 6 of 9: Deactivate Your Location(s)

After adding a location, you can deactivate location(s). If you wish you manage your location(s) details after submitting Section A, review the **CVMS Provider Enrollment Location Management User Guide**.

- 1. Locate the **LOCATION** you wish to deactivate
- 2. Select the **CHECKBOX** for one or more locations
- 3. Review the locations you have selected to deactivate
- 4. Click the **DEACTIVATE LOCATION(S)** button
- 5. Click **NEXT**

Audience

Organization Administrator

Tips

Click **Previous** if you need to go back and edit a location.

The screenshot shows the NCDHHS CVMS Provider Enrollment portal. The 'Locations' tab is active, displaying a table of 'Approved Locations' and 'Pending Locations'. A red box highlights the 'Deactivate Location(s)' button. Below the table is the 'Add New Location' form with fields for Location Name, Primary Coordinator First Name, Last Name, Middle Initial, Telephone, and Email. A 'Create Location' button is at the bottom.

Step 7 of 9: Complete CMO Information

After adding your locations, you will enter your **CHIEF MEDICAL OFFICER** (CMO) Information on the Responsible Officers page.

At the bottom, you will see the box **SEND REQUEST FOR SIGNATURE NOW** checkbox. This will immediately generate an email to the CMO requesting their review and approval. **WE RECOMMEND THAT YOU DO NOT SELECT THIS BOX AT THIS TIME.**

If you do not select this checkbox, the CMO will receive an email once all Vaccine Coordinators submit the Section B flow for their location. This way, they review and sign the complete agreement at one time.

- 1. Enter **ALL CMO DETAILS**
- 2. Click **NEXT**

Home

CEO Review/Sign

CMO Review/Sign

Locations

✓

✓

Responsible Officers

Review

Provider Enrollment

Responsible Officers

For the purposes of this agreement, in addition to Organization, Responsible Officer named below will also be accountable for compliance with the conditions specified in this agreement. The individual listed below must provide their signature after reviewing the agreement requirements.

Chief Medical Officer (or Equivalent) Information

Audience

Organization
Administrator

Step 8 of 9: Complete CEO Information

After entering the CMO details, you will be directed to enter your **CHIEF EXECUTIVE OFFICER** (CEO) Information on the Responsible Officers page.

You will see the same **SEND REQUEST FOR SIGNATURE** checkbox. This will immediately generate an email to the CEO requesting their approval and signature. **WE RECOMMEND THAT YOU DO NOT SELECT THIS BOX AT THIS TIME.**

If you do not select this checkbox, the CEO will receive an email once all Vaccine Coordinators submit the Section B flow for their location. This way, they review and sign the complete agreement at one time.

1. Enter **ALL CEO DETAILS**

Audience

Organization Administrator

Home

CEO Review/Sign

CMO Review/Sign

Locations

✓

✓

Responsible Officers

Review

Provider Enrollment

Responsible Officers

For the purposes of this
with the conditions spe
requirements.

Please refer to slide 15 on how to make changes to locations

Chief Executive Officer (or Chief Fiduciary) Information

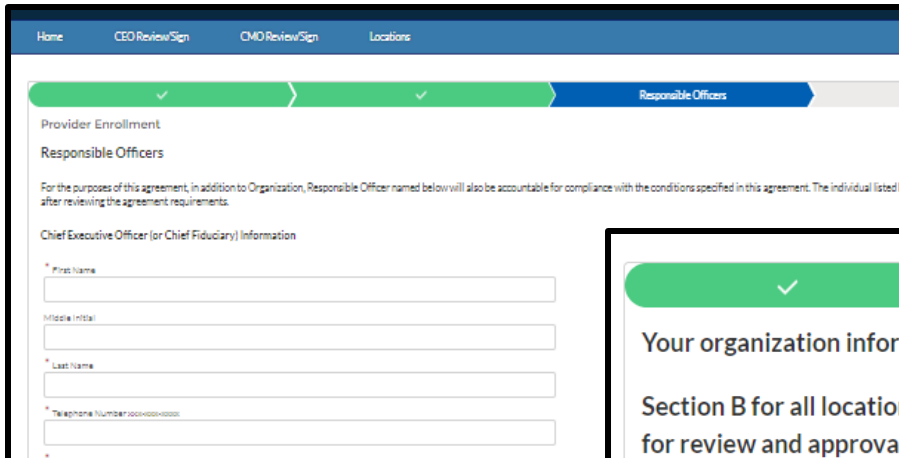
Step 9 of 9: Complete Section A

Once all CEO details are entered, you are ready to **COMPLETE SECTION A**.

If you need to make any changes before completing Section A, use the **PREVIOUS BUTTON** to go back and **MAKE UPDATES**.

After submitting Section A, you will be reminded to complete Section B for all identified locations.

1. Confirm that **DETAILS ARE CORRECT**
2. Once the CEO page is complete, click **NEXT**
3. You will be directed to the **REVIEW PAGE**



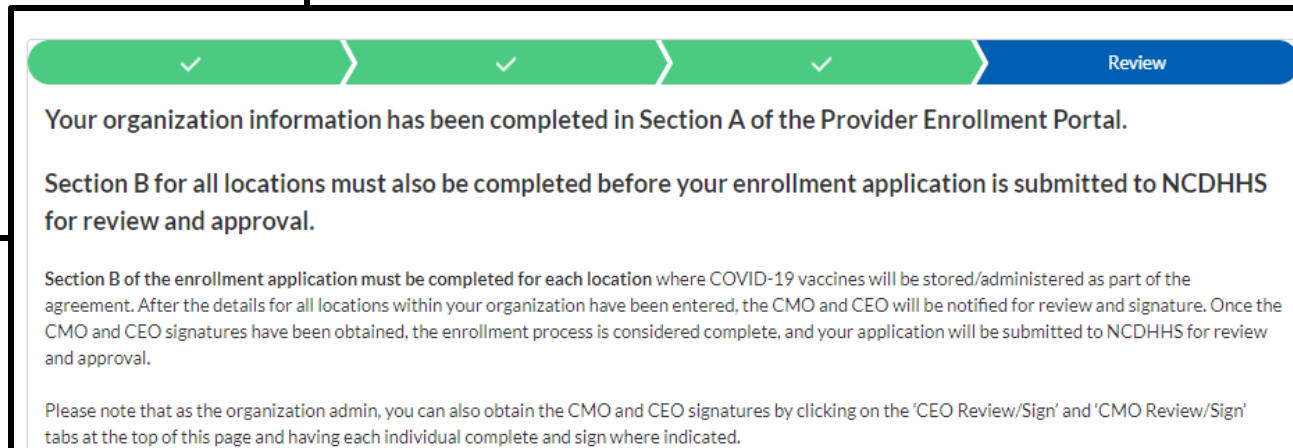
Home CEO Review/Sign CMO Review/Sign Locations

Provider Enrollment Responsible Officers

For the purposes of this agreement, in addition to Organization, Responsible Officer named below will also be accountable for compliance with the conditions specified in this agreement. The individual listed after reviewing the agreement requirements.

Chief Executive Officer (or Chief Fiduciary) Information

* First Name
Middle Initial
* Last Name
* Telephone Number (xxxx-xxxx-xxxx)



Review

Your organization information has been completed in Section A of the Provider Enrollment Portal.

Section B for all locations must also be completed before your enrollment application is submitted to NCDHHS for review and approval.

Section B of the enrollment application must be completed for each location where COVID-19 vaccines will be stored/administered as part of the agreement. After the details for all locations within your organization have been entered, the CMO and CEO will be notified for review and signature. Once the CMO and CEO signatures have been obtained, the enrollment process is considered complete, and your application will be submitted to NCDHHS for review and approval.

Please note that as the organization admin, you can also obtain the CMO and CEO signatures by clicking on the 'CEO Review/Sign' and 'CMO Review/Sign' tabs at the top of this page and having each individual complete and sign where indicated.

Audience

Organization Administrator

Steps After Completing Section A

Primary Vaccine Coordinator – Section B

If you are also the **PRIMARY VACCINE COORDINATOR** for the location in your organization, you can now begin Section B of the Provider Enrollment process.

For more guidance on how to complete Section B of the Provider Enrollment Process, please review **CVMS Provider Enrollment Vaccine Coordinator User Guide**, which is located on the NC Immunization Branch website: <https://covid19.ncdhhs.gov/cvms-provider-enrollment-vaccine-coordinator-user-guide-0/download>.


Audience

Organization Administrator

Vaccine Coordinator

Tips

Review Slide 7 for details on activities each Role must complete in the Provider Enrollment Process.

 **NCDHHS**
CVMS Provider Enrollment

Home CEO Review/Sign CMO Review/Sign Locations

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location.

As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, you must complete this section for each respective location. To complete this section, you will be asked for:

[View More](#)

Location Enrollments (section B)

Record ↑	Name	Status	
LOC-00597	ABC Laboratory	New (Vaccine Coordinator In Progress)	Agreement Details
LOC-00599	ABC Labs 2	New (Vaccine Coordinator In Progress)	Agreement Details

CMO & CEO – Review & Sign the CDC COVID-19 Vaccination Program Provider Agreement

If you are also the CMO and / or CEO for your organization, you can now review and sign the CDC COVID-19 Vaccination Program Provider Agreement and the CDC Supplemental COVID-19 Vaccine Redistribution Agreement, if applicable.

For more guidance on how to complete these steps, please review **CVMS Provider Enrollment Responsible Officer User Guide** , which is located on the NC Immunization Branch website:

<https://covid19.ncdhhs.gov/cvms-provider-enrollment-responsible-officer-user-guide-3/download>.

Home

CEO Review/Sign

CMO Review/Sign

Locations

Review and Sign

Finished

Review and Sign

Organization

Organization Identification:

Organization Name

Audience

- CEO
- CMO
- Organization Administrator

Tips

Review Slide 7 for details on activities each Role must complete in the Provider Enrollment Process.

Organization Registration Status Notification

You will receive an **EMAIL NOTIFICATION** once the status of your organization changes to **APPROVED** or **REJECTED**. Rejected statuses will generate an email with the **REASON FOR REJECTION**.

Your organization can be approved after at least one location is approved and your Responsible Officer signatures have been captured. Organization Administrators and the Primary Vaccine Coordinator will receive an automatic email notification when an additional location is approved after the organization has already been approved. Please coordinate with all Primary Vaccine Coordinators to complete Section B fully.

Audience

Organization
Administrator

Tips

Check the spam/junk folder if an email is not received. Emails will be sent from the CVMS Enrollment team.

Dear COVID-19 Vaccine Provider Applicant,

This memo confirms your enrollment in the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Program in North Carolina and provides next steps for activation in the COVID-19 Vaccine Management System (CVMS). Your CDC COVID-19 Vaccination Program Provider Agreement and Provider Profile have been reviewed and accepted. Now that you have enrolled, you can complete the activation process in CVMS. **You do not have access to CVMS until you are enrolled AND you complete the activation process.** CVMS activation is required for all sites that will receive COVID-19 vaccine (either as direct allocation or transferred vaccine from another enrolled provider) but does not guarantee vaccine availability. If you have already started the activation process, please use the steps below to complete activation.

As a reminder, providers must be able to meet all participation requirements outlined in Section A of the CDC COVID-19 Vaccination Program Provider Agreement. Below is a summary of the information you provided and the status of each location:

Number of Locations requested: 2.
Number of Locations approved: 1.
Number of Locations rejected: 0.
Number of Practicing Providers requested: 1.
Number of Practicing Providers approved: 1.
Number of Practicing Providers rejected: 0.

Please ensure that any changes to Section B of your CDC COVID-19 Vaccination Program Provider Agreement and Provider Profile are updated in within 30 days. If there is a change to the signing Chief Medical Officer (or equivalent) and/or Chief Executive (or Fiduciary) Officer, the North Carolina Immunization Branch must be notified immediately by submitting a ticket to the [CVMS Help Desk Portal](#) (see instructions for registering below) and a new agreement must be issued.

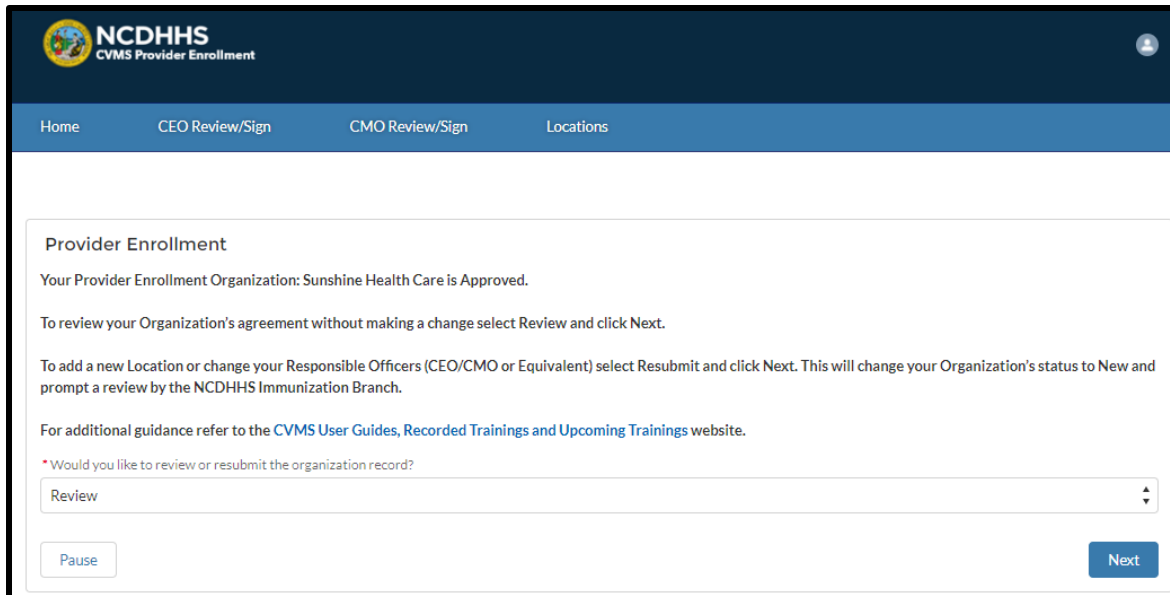
Update Section A After Submission

You will be able to **UPDATE SECTION A** after your organization's provider enrollment agreement has been approved. It is important to know that if you **RESUBMIT SECTION A**, your **CEO AND CMO WILL BE REQUIRED TO SIGN AGAIN** the CDC COVID-19 Vaccination Program Provider Agreement and the CDC Supplemental COVID-19 Vaccine Redistribution Agreement, if applicable. Your **ORGANIZATION** will also have to be **REAPPROVED**.

1. Log into the **CVMS PROVIDER ENROLLMENT PORTAL**
2. If you want to **REVIEW THE STATUS** of your Provider Enrollment Agreement, **SELECT REVIEW**
3. If you want to **MAKE UPDATES**, select **RESUBMIT FOR CHANGES**

Audience

Organization
Administrator



The screenshot shows the NCDHHS CVMS Provider Enrollment portal. The header includes the NCDHHS logo and the text 'CVMS Provider Enrollment'. The navigation bar has links for 'Home', 'CEO Review/Sign', 'CMO Review/Sign', and 'Locations'. The main content area is titled 'Provider Enrollment' and contains the following text: 'Your Provider Enrollment Organization: Sunshine Health Care is Approved.', 'To review your Organization's agreement without making a change select Review and click Next.', 'To add a new Location or change your Responsible Officers (CEO/CMO or Equivalent) select Resubmit and click Next. This will change your Organization's status to New and prompt a review by the NCDHHS Immunization Branch.', and 'For additional guidance refer to the [CVMS User Guides](#), [Recorded Trainings](#) and [Upcoming Trainings](#) website.' Below this text is a dropdown menu with the text 'Would you like to review or resubmit the organization record?' and the option 'Review' selected. At the bottom of the form are 'Pause' and 'Next' buttons.

Checking the Registration Status of a Location and Resubmission

Step 1 of 3: How to check Provider Enrollment Location Registration Status

You will be able to review the registration status for each location within your organization. Please work with your Primary Vaccine Coordinators to complete your Provider Enrollment registration.

- 1. From your home page, click **LOCATIONS**
- 2. Review the **STATUS** for each location

Audience

Organization Administrator

Home

CEO Review/Sign

CMO Review/Sign

Locations

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location.

As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, you must complete this section for each respective location. To complete this section, you will be asked for:

[View More](#)

Location Enrollments (section B)

Record ↑	Name	Status	
LOC-03446	Scott Troche Clinic Location 1	Approved	Agreement Details
LOC-03447	Scott Troche Medical Clinic Location 2	Rejected	Agreement Details

Step 2 of 3: Provider Enrollment Location Statuses

The **LOCATION ENROLLMENT STATUS** informs you of the actions that have been taken and need to completed.

New – The location enrollment has not yet been completed. You or the Primary Vaccine Coordinator must complete Section B before this location can be reviewed and approved

Submitted – The location enrollment has been completed. No further action is required.

Resubmitted – The location enrollment has been submitted with updates. No further action is required.

For the following statuses, you may **RESUBMIT** the location enrollment:

Approved – The location enrollment has been approved. No further action is required

Rejected – The location enrollment has not been approved. You must resubmit the agreement before this location can receive approval

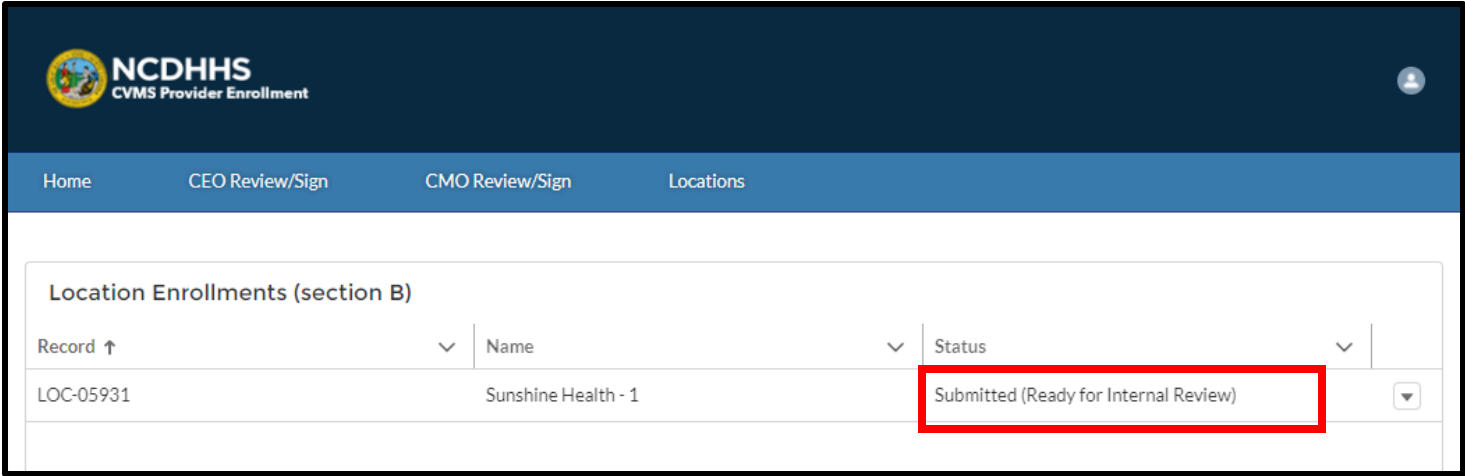
Deactivated – The location is not being reviewed. You must resubmit the agreement for it to be reviewed and approved.

Audience

Organization Administrator

Tips

When a location is rejected, the Organization Administrator will be copied on the email that is sent to the Primary Vaccine Coordinator.



Step 3 of 3: Provider Enrollment Location Resubmission

To **RESUBMIT** the location enrollment:

1. Select the location for which you wish to make updates
2. Click on the toggle on the right side of the list for the chosen location
3. Click **AGREEMENT DETAILS**
4. Select a **RESUBMISSION REASON** by clicking a reason in the Available Options
5. Click the right arrow to move the selected reason to **SELECTED OPTIONS**
6. Click the **RESUBMIT** button

Audience

Organization
Administrator

Please select the reason(s) you are resubmitting your Location's Provider Enrollment Agreement, Section B. The NCDHHS Immunization Branch will review your agreement and may Approve or Reject your location based on changes to your Agreement.

Select Options

Available Options

- Days and Times to Receive Vaccine Shipment
- Primary Vaccine Coordinator Contact Information
- Storage & Handling Updates (Images/make/model/capacity, etc.)
- Vaccine Shipment or Vaccine Administration Address
- Other

Selected Options

Resubmit

Appendix

Organization Status Notification

The Organization Administrator, CEO, and CMO will be sent an **EMAIL NOTIFICATION** once the status of the organization changes to **APPROVED** or **REJECTED**. Rejected statuses will generate an email with the **REASON FOR REJECTION**.

Organization Administrators and the Primary Vaccine Coordinator will be sent an automatic email notification when an additional location is approved after the organization has already been approved. Please coordinate with all Primary Vaccine Coordinators to complete Section B fully.

Audience

Organization
Administrator

CEO

CMO

From: Covid19 Vaccine Management Enrollment Team <covidenroll@dhhs.nc.gov>

Date: Thu, Apr 22, 2021 at 8:11 PM

Subject: Provider Enrollment Complete + Next Steps for CVMS Activation

To: [REDACTED]





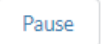
Dear COVID-19 Vaccine Provider Applicant,

This memo confirms your enrollment in the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Program in North Carolina and provides next steps for activation in the COVID-19 Vaccine Management System (CVMS). Your CDC COVID-19 Vaccination Program Provider Agreement and Provider Profile have been reviewed and accepted.

During the enrollment process, each location was prompted to submit an initial Healthcare Location Manager. If a Healthcare Location Manager was provided, this individual will manage your employees' access to the CVMS Provider Portal, with the ability to create new CVMS Provider Portal users and deactivate, reactivate, and manage location assignments for existing users via self-service functionality in CVMS for smaller locations. Larger locations can onboard users via bulk upload by submitting a CVMS Help Desk ticket (instructions for both scenarios are below under the HCP User Onboarding section). **In order to access CVMS to manage vaccine inventory and record vaccine administrations all users must be set up for access before logging in to the CVMS Provider Portal.**

Additional Notes

Key Items:

- **Hyperlinks** appear as light blue and will provide additional information or navigation.
- *** Asterisks** are used to denote required information.
-  A Toggle can be clicked to see selectable options.
-  A Pen can be clicked to make edits to the field.
-   Navigation Buttons can be clicked on to progress to the “next” or the “previous” step in a task.
-  A Pause button can be clicked if you wish to step away / and return to your form later. You will be prompted to review your previously entered data upon your return/ login.

Contact Information:

- All questions should be directed to the CVMS Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine

Supported Web Browsers:

- Please use the latest version of Chrome, Firefox, Safari, or Edge Chromium browser to access CVMS.
- For more details on supported browsers, see https://help.salesforce.com/articleView?id=getstart_browsers_sfx.htm&type=5
- Note: Internet Explorer and Edge (non-Chromium) are not supported.

User Guide Change Log

Version	Date of Change	Changes Made	Impacted Slides	Author
1	12/10/2020	<ul style="list-style-type: none"> Original version 		Kevin Kauffman
2	12/31/2020	<ul style="list-style-type: none"> Removed link to the Provider Enrollment portal 	4, 6	Simon Couderc
3	1/8/2021	<ul style="list-style-type: none"> Removed any mention of the 2 CVMS Help Desk emails. Added CVMS Help Desk Portal information. 	1, 2, 8, 21, 26, 27	Courtney Seward
4	1/13/2021	<ul style="list-style-type: none"> Replaced screenshots with updated Provider Enrollment Portal branding 	12, 15, 16, 23	Kechia Scott
5	2/11/2021	<ul style="list-style-type: none"> Took out any mention of the covidhelp email 	21, 26	Courtney Seward
6	3/9/2021	<ul style="list-style-type: none"> Updated organization approval requirements 	17-18 , 21, 25-27, 29	Azalea Troche
7	4/13/2021	<ul style="list-style-type: none"> Updated text for Section A completion; added update on automatic email notification sent for approved locations 	19, 23, 29	Azalea Troche
8	4/23/2021	<ul style="list-style-type: none"> Updated organization approval email screenshot 	29	Kevin Kauffman
9	5/19/2021	<ul style="list-style-type: none"> Included location enrollment status overview Added resubmission guidance 	27,28	Kevin Kauffman